Women and Ischemia Syndrome Evaluation (WISE) Diagnosis and Pathophysiology of Ischemic Heart Disease Workshop

October 2-4, 2002

Session 6

1. Topic and Author

Message and Other Communication Factors Affecting Women's Response to MI Symptoms John R. Finnegan Jr., PhD, University of Minnesota, Minneapolis.

2. Where we stand in 2002. Overview/rationale for inclusion of topic.

Women are often at greater risk for delay in responding to their own MI symptoms due to a variety of communication dynamics and media message factors. A few of the more important influences include: false or distorted perceptions that MI is primarily a male event; that MI symptoms in women present entirely differently than men, and/or are not well understood by science; interpersonal communication with spouses or lack thereof during the experience of symptoms; lack of pre-event communication with health care providers, family members.

3. Current challenges and the most important issues for future research

A. Understanding forces that influence and form media message trends toward distortion of women's true health risks, and MI symptomology and how these are utilized as part of women's decision-making processes in responding to MI symptoms; B. Understanding interpersonal communication dynamics as part of women's decision-making processes in responding to MI symptoms.

4. Current challenges in the areas of communicating messages to health care community, patients and the public

Counteracting media message trends toward distortion of women's true health risks, and MI symptomology, especially that women are at primary risk of non-CVD/CHD sources of morbidity/mortality; and that MI symptom presentation in women is fundamentally different from men.

5. Translating new findings to improved diagnosis and treatment/saving lives.

Consideration of campaign message strategies aimed at the causes of delay in women; strategies to shape responses based in primarily perceptual processes described above; and reinforcement of appropriate perceptions and responses already in place in the population. Consideration of strategies aimed at stimulating interpersonal interaction with family members and health care providers pre-event.

6. References.

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